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ABSTRACT

This report describes the self-reported training needs of advisors to self-advocacy groups for people with mental retardation in the United States. The results of a telephone survey of 90 advisors indicate that because of time, financial, and interest issues, training opportunities for advisors need to be time sensitive, inexpensive, and interactive. Training development should focus on formats such as on-the-job training, site visits, conference/workshops, role playing, video packages, and internships. This is especially true of advisors who are paid by service provider agencies because the data in this study have shown that the employing agency is not likely to participate in training opportunities that are time consuming and expensive. Computer based training placed in the lower half of a list of preferred training formats. Further, because of the ever evolving nature of the advisor's training needs, training opportunities for advisors also need to be flexible in content and focus. The study also found that younger advisors have a greater need for information and training in the broad areas of self advocacy group development, current disability issues, changing technologies, federal legislation, and human rights issues than do their older counterparts. Appendices include survey results. (Contains 36 references.) (CR)

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Self-Reported Training Needs and Training Issues of Advisors to Self-Advocacy Groups for People with Mental Retardation

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Abstract

The purpose of this paper is to describe the self reported training needs and a variety of training information of advisors to self advocacy groups for people with mental retardation in the United States. A telephone survey was administered to 118 advisors randomly selected from the Longhurst (1994) Directory of Self Advocacy Groups. A total of 90 telephone surveys were completed representing a response rate of 76%. Major findings are reported in the areas of: most important advisor training topics, preferred training formats, amount of time devoted to training, how advisor training needs change over time, and differences in training needs based on advisor demographic data. The results of this investigation provide important baseline information for individuals affiliated with the self advocacy movement, UAPs, developmental disability councils, Arc chapters, and professional organizations. The results can be used to help better support the self advocacy movement by assisting self advocacy groups to better prepare and train individuals to be successful and useful advisors.

Introduction

Self-advocacy is an important part of the civil rights movement of people with developmental disabilities (Cone, 1994). This civil rights movement focuses on the struggle for a life of quality in places and communities chosen by individuals with disabilities, for more and better services controlled by people with disabilities, and for greater social and political awareness in the disability community as a whole (Cone, 1997; Miller & Keys, 1996).

Advisors play an important role in the functioning of a self-advocacy group (Rhoades, Browning, & Thorin, 1986; Ward & Keith, 1996). And although self-advocacy groups are self directed by the members (Shoultz, 1996), the loss of an advisor, especially during the early stages of group development, can slow the growth of the group or cause its dissolution (Browning, Thorin, & Rhoades, 1984; Brunk, 1987; Worrell, 1988-a). Therefore, it is important to further understand the pre-service and in-service training needs of advisors to these groups so that those involved with the self-advocacy movement can better understand how to prepare and support people who want to perform the duties of self-advocacy group advisor.

A deeper understanding of the training needs of advisors is important because it may help with not only with the retention of advisors, but the development of the advisors skills, and the growth and evolution of a self-advocacy group which is tied to not only the membership, but to the skills of the group's advisor (Browning, Thorin, & Rhoades, 1984; People First of Washington, 1995-a; Rhoades, Browning, & Thorin, 1986). In fact, when the national Steering Committee delivered their proposal for forming a national self-advocacy organization one of the goals under Recommendation 4 included more and better training of advisors (Hayden & Shoultz, 1991, p.5). Ward and Kieth (1996) make a point that providing some type of orientation

or training for the advisor may be necessary and important. Information on advisor training needs would help self advocacy groups and professionals in the disability field to identify and develop training curriculums, pre-service and in-service training, and technical assistance opportunities for advisors.

While duties and areas of competence are agreed upon in the self advocacy literature (Beckwith, 1994; Curtis, 1984; Hanna, 1978; Kennedy, 1995; People First of Washington & Self Advocacy Project, 1985; Woodyard, 1980; Worrell, 1988), nothing has been done to ascertain self reported training needs of the advisors, to look at training currently received by advisors, to look at previous training experiences, or to describe any developments in training geared toward the advisor's training needs.

Several authors, such as, Woodyard (1980), Speaking for Ourselves (1993); Williams and Shoultz (1982), Curtis (1984), and Beckwith (1994) have all identified characteristics of advisors; however, these characteristics have never been related to advisor training needs. Lastly, no researcher in the field of developmental disabilities has addressed the specific advisor training needs that might be tied to specific stages of group development.

Information in these areas have significant implications for self-advocacy groups, not the least of which would be to aid in the recruitment and retention of self advocacy group advisors and support people. This lack of information may prove to be a critical problem due to: a) the rapid growth of the self advocacy movement, b) a common concern among advisors that they are inadequately performing their role, and c) difficulties with turnover and burnout among advisors (Beckwith, 1994; Browning, Thorin, & Rhoades, 1984; Brunk, 1987; People First of Washington, 1995-f; People First of Washington & Self-Advocacy Project, 1985; Rhoades, Browning, & Thorin, 1986; Woodyard, 1980; Worrell, 1988-a).

The purpose of this article is to identify self reported training needs and training information from current advisors to self advocacy group across the nation. Specifically, the following research questions are addressed in this article: what are the most critical advisor self reported training needs, how do the major advisor training needs change as a group develops, and what is the relationship between advisor demographic characteristics, educational level, and final stage of group development and their self reported training needs? This was the forth research area addressed in a larger study, and will be the only research area from that study addressed in this paper.

The Training of Advisors to Self Advocacy Groups

There is no self-advocacy group literature that directly addresses the training issues of advisors to self-advocacy groups. However, training needs can be surmised by examining other areas of self-advocacy movement literature. For example, Curtis (1984), Williams and Shoultz (1982), and Woodyard (1980) provided several competencies of an advisor: 1) knowledge of and skill in facilitating group process, 2) being a skilled trainer, 3) knowledge of, belief in, and commitment to self-advocacy, 4) skill in accessing community resources, 5) knowledge of both political and service systems, 6) proficiency in problem solving/conflict resolution techniques, generating alternatives, and developing action plans, and 7) grant writing abilities. All of these competencies suggest potential areas of needed training.

Additionally, the self-advocacy literature describes over 30 advisor functions (Curtis, 1984; Norsman, 1984; Rhoades, Browning, & Thorin, 1986; Speaking for Ourselves, 1993; Williams & Shoultz, 1982). Largely, these functions fall into the broad categories of: 1) providing training on various topics to self-advocacy group members, 2) group formation/organization/planning, 3)writing/editing, 4) problem research/solving, 5) evaluation, 6)

counseling, 7) arranging transportation, 8) long range planning, 9) conflict resolution and generating alternatives, and 10) community connecting. Each also suggests fertile ground for advisor training opportunities.

As part of An Advisors Guidebook for Self-Advocacy, Woodyard (1980) included the results of a mailed survey to advisors that he had done in 1979. The research design was not optimal (e.g., the sample was 7, there was no explanation of how the sample was selected, no information was provided regarding instrument development, data analysis or the steps taken to allow the information to be generalized to the larger self advocacy movement). However, Woodyard (1980) does provide information on the major needs faced by advisors. That list acknowledges the need for in-service training for advisors, but offers no other information or direction.

After review of the self advocacy literature, it became clear that minimal effort has been devoted to examining the training needs and issues of advisors, and therefore, little use of this type of information has been made in recruitment and retention of advisors. Further, by looking at the literature currently available on the self-advocacy movement several weaknesses became evident which made this research necessary: 1) most of the published materials available are not research based, but are descriptive in nature (i.e., based on written accounts of the experiences of people involved with the self advocacy movement); 2) the focus has been on advisor roles, functions, competencies and characteristics; and 3) no research has attempted to uncover what training advisors believe they need to do their job. This research fills the gap by providing an quantitative research article which describes critical advisor training needs, how best to deliver this training, and the relation of certain advisor characteristics and stages of group development to training needs.

Methodology

Design

The Self-Advocacy Group Advisor Group Advisor Survey was developed. It utilized a telephone survey design. The design was quantitative, non-experimental with a focus on description and relationships (McMillan, 1996; McMillan & Schumaker, 1993).

Population

The population was the advisors to the 468 self-advocacy groups identified in Longhurst (1994), The Self-Advocacy Movement by People with Developmental Disabilities: A Demographic Study and Directory of Self-Advocacy Groups in the United States.

Sample

Individuals identified as serving in the position of the advisor to a self-advocacy group comprised of individuals with a primary disability label of mental retardation were the target sample. That was the only criteria for participation. Of the possible 468 advisors, a 25% sample was drawn, resulting in a sample of 118.

A pre-interview telephone call was made for the purpose of introduction and assessing willingness to participate. When the contact information was no longer correct, and new information could not be obtained, a new advisor was selected at random. If the advisor had changed, the new advisor contact information was recruited. If targeted advisors were not easily accessible a new name was randomly selected. Also, if during the pre-interview phone call the advisor indicated that the majority of group members did not have a primary disability label of mental retardation that advisor was not interviewed for the study and a new name was randomly selected.

The probability sampling procedure of a proportional random sample stratified by regions with substitution was used (McMillan, 1996; McMillan & Schumaker, 1993). Nine regional cells, based on the regions established by Self Advocates Becoming Empowered were used. Please see Table 1 for a listing of the regions and the states within regions.

Table 1

Self Advocates Becoming Empowered Membership Regions

Region	State within Region
Region 1	Alaska, Idaho, Montana, Oregon, Washington
Region 2	Arizona, California, Hawaii, Nevada
Region 3	Colorado, New Mexico, Utah, Wyoming
Region 4	Kansas, Missouri, Nebraska, North Dakota, South Dakota
Region 5	Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Wisconsin
Region 6	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Region 7	Delaware, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia
Region 8	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont
Region 9	Arkansas, Louisiana, Oklahoma, Texas

The sample, within regions, was drawn using a table of random digits (Moore, 1985, p. 344). The self-advocacy groups were listed by states within regions, and numerically labeled as specified in Moore (1985). Numbers were then drawn from Moore's table of random digits, which represented the self-advocacy groups selected for the sample. When the sampling from a cell was complete, no other random selections from that region were made. This strategy was selected in order to obtain a more geographically representative sample.

Instrumentation

Instrument Development

A telephone survey instrument and an interview protocol were developed and were employed to gather information on advisors to self-advocacy groups. There were three primary steps to developing the survey: item generation, expert panel review, and pilot testing.

Initial item generation was based on articles from the field of self-advocacy as well as publications from local, and state self-advocacy groups.

The expert panel consisted of 13 reviewers. Reviewers were both individuals with and without disabilities. Each reviewer evaluated the survey instrument based on his or her experience with national, regional, state, and local self-advocacy groups.

The pilot test interview was administered via telephone to a pilot group of 12 advisors. The pilot group was drawn from the Longhurst (1994) Directory and from a directory of Virginia self-advocacy groups. The pilot test respondents were asked to make additional comments regarding content, format, and administration of the survey, and to make suggestions for improving the interview process and the instrument.

Instrument Description

The Self Advocacy Group Advisor Survey is a five part telephone survey which gathered information in the following five areas: Information on the Job of Advisor, Advisor Demographic Data, Group Development and Activities, Advisor Self Reported Training Needs, and Self Advocacy Group Demographic Data. Each section consisted of open ended questions, check of questions, item completion questions, items requiring a "yes" or "no" response, forced choice questions, and Likert-type questions.

Procedures

Interviewer Selection and Training

In addition to the researcher, one interviewer was selected to administer the survey. The researcher provided training to the interviewer on the background of the study, the survey instrument, and data collection procedures for both respondents and non-respondents.

Reliability

Inter-rater reliability was addressed in two ways: 1) the researcher and the interviewer were in two different rooms, but simultaneously listening to respondents during the pilot test and marked answers on the survey as the interview was being conducted; and 2) the researcher and interviewer each developed post hoc coding categories from the completed interviews.

Inter-rater reliability data was collected during the pilot test. The researcher and the interviewer used the same data collection system (i.e., the survey). The level of agreement between the researcher and the interviewer was calculated by dividing the number of agreements on the marked and completed surveys by the total number of agreements plus disagreements and multiplying by 100. Inter-rater reliability ranged from 88% to 97%, with a mean of 95%.

With regard to the post hoc coding categories, the researcher and interviewer each developed post hoc coding categories from 20 completed interviews. Then the researcher and interviewer compared coding categories. The interviewer had five post hoc coding categories labeled differently from the researcher's categories. They were in the areas of advisor roles, how advisor problems change over time, types of groups advisors are involve in, advisor reasons for accepting the job of advisor, and how the individual was recruited into the position of advisor. The researcher and interviewer then discussed any discrepancies until there was agreement on how to label the categories. Then five more completed surveys were coded by the interviewer

and researcher separately using the newly agreed upon coding categories. When the coding of these five surveys were compared their were no differences found.

Internal consistency was addressed with the Likert-type questions in the advisor self-reported training needs section. For the advisors 33 self reported training needs five subscales were created: 1) personal skills development, 2) program issues, 3) group development issues, 4) current topical issues, and 5) legislative and social issues. Cronbach Alpha computation for the inter-item consistency produced coefficients of .83, .71, .78, .81, .76 for each index respectively. This indicated good to excellent inter-item consistency. Therefore, these five indices comprise the Advisor Self-Reported Training Needs Index. The sample size for this analysis was 90.

Additionally, a mean Advisor Self Reported Training Needs Index score was computed for each respondent by summing the scores for the 33 individual items, and then computing a mean score. No recoding occurred, because all the statements were in one direction. The observed range for mean Index scores for each Index were as follows: 1) personal skills development, 2.47 to 3.67, 2) program design, 2.08 to 2.76, 3) group development issues, 2.56 to 3.28, 4) current topical issues, 2.53 to 3.31, and 5) legislative and social issues, 2.96 to 3.28.

Due to time constraints during the data collection period of this study, reliability analyses were conducted during the pilot phase and the post hoc coding phase, but not during the data collection phase of the study. This is a limitation of the study.

Data Analysis

Descriptive statistics were computed on several training needs variables. The relationship between advisor problems and advisor self-reported training needs was examined through an open-ended question on the telephone survey (Self-Advocacy Group Advisor Survey) and the data was reported using frequencies and percentages. Additionally, relationships between

advisor gender, age, and educational level and advisor self reported training needs were examined using a series of analyses of variance (ANOVA). The relationship between final stage of self-advocacy group development and advisor self-reported training needs was examined by computing a series of analyses of variance which compared the final stage of self-advocacy group development (five levels) with all five indices of the Advisor Self-Reported Training Needs Index.

Data Management

Each of the questionnaire forms was checked for completeness and accuracy by the researcher. With the exception of the forms used to establish the coding categories, completed forms were coded for data entry by the researcher. The data was then entered into a microcomputer file using Microsoft Access. Statistical analysis was performed on a microcomputer using Microsoft Access, and SAS for personal computers.

Limitations

Several methodological considerations should be identified that may restrict the generalization of this study: 1) this study involved only self-advocacy groups made up of people with the primary disability of mental retardation, and generalizations to advisors of groups whose members have a differing primary disability should be made with caution; 2) there were limitations to internal validity (e.g., the length of the interviews, possible researcher bias because the researcher was the primary interviewer, and the open-ended questions); 3) categorization of variables is a subjective process, and it is possible that the results would be affected if categorizations were altered; 4) this study involved only groups listed in the Longhurst (1994) Self Advocacy Group Directory and generalizations to other directories should be done with caution; 5) only advisors with a working phone number were eligible to participate in the study,

and so substitution was used; 6) there are limitations inherent in telephone research (i.e., difficulty in scheduling interviews, interviewer characteristics affecting responses, difficulty with asking questions on sensitive subjects, and answers being affected by social desirability), and 7) for these training areas, investigation with a larger sample is encouraged.

Results

Response Rate

A total of 90 individuals agreed to participate in the full telephone interview, while 28 individuals declined to participate in the full interview and instead agreed to complete the non-respondent form. This resulted in a response rate of 76.3%.

Non-Respondent Information and Characteristics

The non-response rate was 23.7%. In order to assess the differences between the respondents and non-respondents, a series of Chi Squares and t-tests were run on the following variables: gender, ethnic heritage, age, marital status, disability, educational level, setting in which lived, current employment position, voluntary versus paid advisor position, employer, group age, group size, settings in which group met.

There were significant differences between non-respondents and respondents on the variables of age ($p.<.01$) and education ($p.<.01$). Results of the analyses indicated that non-respondents were younger and less educated. These are limitations of the study.

Advisor Demographic Information

As mentioned earlier, the information reported in this article represents only one part of a larger study conducted. Information regarding the demographics of advisors to self advocacy groups is discussed in Cone (1999). However, a brief summary of that data indicates that advisors were predominantly married, white, females. Females serve in the role of advisor at two

times the rate of males. Advisors are older, with 63.4% being over 41 years of age, and tend to live in urban settings. Advisors are well educated, with 85.6% having at least a bachelors degree, and 48.9% having completed some amount of higher-level graduate work. Lastly, ten advisors reported being members of an ethnic minority (11%), and nine reported having a disability (9.9%).

Advisor Self-Reported Training Needs, Issues, and Information

Information summarizing the most critical self-reported training needs of advisors to self-advocacy groups is in Table 2. The scale ranged from zero, indicating that the training topic was not critical, to five, which indicated that training on the topic was most critical. None of the means surpassed 3.58.

The ten most critical training needs identified by the respondents were 1) strategies for developing leadership skills, 2) use of the media and public relations, 3) Medicaid and Medicaid reform, 4) human rights, 5) the judicial system and legal rights, 6) finding and writing grants, 7) problem solving techniques and strategies, 8) managed care, 9) welfare and welfare reform, and 10) assistive technology issues. These training topics fall into the broader training categories of personal development issues, group development issues, current topical issues, and legislative and social issues.

Advisors were also asked to identify any additional topics on which they would like to receive training. The topics they identified were family centered planning, how disability affects the family unit, time management, history of the disability rights movement, training on the job of the advisor, and volunteerism.

---- Insert Table 2 Here ----

Learning About Self-Advocacy. All the respondents were asked how they learned about self-advocacy. This questions refers to the means by which each advisor developed a fuller, deeper understanding of the self-advocacy movement. Respondents were asked to respond yes to all that applied, so most respondents replied yes to more than one choice. This information is summarized in Table 3.

Respondents most often indicated that they learned about self-advocacy directly from the experts (i.e., individuals with disabilities who are self-advocates). The second and third most often reported methods were through resources of an advocacy group (e.g., the Arc) or a professional organization (e.g., the AAMR).

----- Insert Table 3 Here ----

Previous Training. When advisors were asked if they had received any previous training on topics related to the disability field, seventy-seven responded yes (85.6%), while thirteen responded no (14.4%). The answers given by the 77 respondents were grouped into 10 broad areas and summarized in Table 4.

Overwhelmingly, advisors have received previous training in the areas in which they were employed (e.g., supported employment, vocational rehabilitation, independent living), and not much beyond that area of interest or focus.

---- Insert Table 4 Here ----

Preferred Training Formats. All 90 respondents were asked to indicate which training formats they found useful for learning as a list was being read over the phone. That information is summarized in Table 5. The training formats most often noted by advisors as preferred training formats were 1) on the job training, 2) site visits for the purpose of learning, 3) attending conference presentations, 4) attending workshops, and 5) participating in role-playing activities. The least popular training formats include: classroom training, reading books and articles, and attending a lecture.

---- Insert Table 5 Here ----

Frequency of Training. Advisors were asked how often they received formal training on self-advocacy topics. Their responses included: once a week (1.1%), once a month (4.4%), once a quarter (14.4%), twice a year (27.85%), once a year (30.0%), and never (21.1.%). Advisors were also asked how often they received formal training on disability topics. Their responses included once a week (3.3%), once a month (14.4%), once a quarter (35.6), twice a year (25.6%), once a year (12.2%), and never (7.8%).

Advisors receive twice as much formal training on disability topics versus self advocacy topics, within the category of once a quarter. Likewise, they are more than twice as likely to receive training on self advocacy topics once a year as they are to receive training on disability topics once a year. Functionally, advisors receive training more often on disability related topics versus self-advocacy.

Number of Hours of Training. Advisors were asked to estimate the number of hours of training per year, formal and informal, that they received on self advocacy and on

disability topics. The information is summarized in Table 6. Respondents are not participating in an inordinate amount of training in either self advocacy or disability issues. Within both the self advocacy and disability arenas, most advisors reported participating in ten or less hours of formal and/or informal training per year.

---- Insert Table 6 ----

Advisor Training Needs Changing Over Time

Forty-four of the 90 advisors (48.3%) indicated that their training needs had changed over time. Of the 44 advisors who responded yes, their answers are summarized in Table 7. Generally, the training needs of an advisor focus on internal group needs and issues (e.g., needs of individual group members, what is self-advocacy, how to develop and facilitate a self-advocacy group). Then the group begins to focus on issues external to the self-advocacy group, so the advisor's training needs refocus on innovations, technology, political and systems change oriented issues.

---- Insert Table 7 Here ----

In order to examine the relationship between advisor training needs and length of time advising the Advisor Self-Reported Training Needs Index was used. This index was describe earlier in the Reliability section. The relationship between advisor self reported training needs and the advisors number of years advising at the local level were tested using a series of one by two analysis of variance (ANOVA) computations. Number of years advising at the local level

was an open ended question asked during the telephone interview, and was divided into two categories based on a natural break in the data. The two levels of the independent variable for this analysis were as follows: 1) level one consisted of all the advisors who indicated they had advised at the local level from zero to six years, 2) level two consisted of all the advisors who reported having advised a local self advocacy group for seven or more years. The sample size for this analysis was 89, as one respondent had no experience advising at the local level. A significant difference was not found between number of years advising and advisor self-reported training needs.

Anecdotally, advisors noted that training needs are greatly affected by new members, changing leadership, and changing group issues. The respondents indicated that times and philosophies change, which in turn changes what the group wants to take action on, which in turn changes the advisors training needs and activities. For example, when the Americans with Disability Act (ADA) was passed advisors reported that members of the self advocacy group wanted to know what it meant for them (i.e., what were their rights, and what did it mean for living their lives). Therefore, advisors needed to be able to provide the group with this type of information and this impacted the type of training the advisors wanted.

Advisor Demographics and Self Reported Training Needs

In order to examine the relationships between a series of key variables and advisor self-reported training needs, the Advisor Self-Reported Training Needs Index was used.

Gender and Self Reported Training Needs. The relationship between advisor self-reported training needs and their gender was tested using a series of one by two analysis of variance (ANOVA) computations. A significant difference was not found between gender and the Advisor Self-Reported Training Needs Index, which has five indices.

Age and Self Reported Training Needs. The relationship between advisor self-reported training needs and their age was tested by using a series of one by four analysis of variance (ANOVA) computations. Age was a forced choice question asked during the telephone interview. There were four possible levels for the independent variable: 1) 20 to 30 years of age, 2) 31 to 40 years of age, 3) 41 to 50 years of age, and 4) over 50 years of age. The sample size for this computation was 90.

A significant difference was not found between advisor age and personal development skills, and program issues (index one and index two of the Advisor Self-Reported Training Needs Index respectively).

A significant difference was found between the four levels of advisor age and group development issues, index three of the Advisor Self-Reported Training Needs Index. Please see Table 8 for a summary of the ANOVA. Specifically, individuals who were 20 to 30 years of age had more concerns with self-advocacy group development than did individuals who were over 51 years of age. Group development issues included: fundraising, developing a budget, finding and writing grants, the political process, use of the media and public relations, understanding group process and facilitation, basic information on self advocacy, and how to recruit group members.

---- Insert Table 8 Here ----

A significant difference was found between the four levels of advisor age and current topical issues, index four of the Advisor Self-Reported Training Needs Index. Please see Table 9 for a summary of the ANOVA. Specifically, individuals who were 20 to 30 years of age responded that they had significantly more current topical training concerns than individuals who

were 41 to 50, or who were over 51 years of age. The current topical issues included: legal rights, guardianship issues, sexuality, supported employment, home ownership, managed care, welfare reform, Medicaid reform, SSI, use of the Internet, and assistive technology issues.

---- Insert Table 9 Here ----

A significant difference was found between the four levels of advisor age and legislative and social issues, index five of the Advisor Self-Reported Training Needs Index. Please see Table 10 for a summary of the ANOVA. Specifically, individuals who were 20 to 30 years of age indicated that they had greater legislative and social issues training needs than did individuals who were 41 to 50 years of age, or who were over 51 years of age. The legislative and social issues included: the ADA, the IDEA, the Vocational Rehabilitation Act, human rights, and non-violent protest/direct action.

---- Insert Table 10 Here ----

Level of Education and Self Reported Training Needs. The relationship between advisor self-reported training needs and their educational level was tested using a series of one by four analysis of variance (ANOVA) computations. Educational level was a forced choice question asked during the interview, with four possible levels for the independent variable. Level one consisted of high school work (but no GED or diploma), a GED, a high school diploma, some college classes (but no degree), or an Associate degree. Level two consisted of a bachelor degree. Level three consisted of some graduate classes or a Master degree. Level four

consisted of some doctoral classes, a doctorate, or post doctoral studies. A significant difference was not found between the four levels of education and any of the five indices of the Advisor Self Reported Training Needs Index.

Advisor Problems and Self Reported Training Needs

Twenty-six advisors responded yes (28.9%) when asked if the problems they experienced as an advisor were related to their training needs. Sixteen advisors (61.5%) responded that their problems with their job stemmed from needing training on topical areas with which the self-advocacy group was dealing. Seven of the 26 respondents stated that their problems as advisor were directly tied to needing training on the job of advisor and on self advocacy. The remaining three advisors (11.5%) reported that their problems were related to the fact that there was not enough time for training and that better training techniques needed to be used.

Final Stage of Self-Advocacy Group Development and Advisor Training Needs

The relationship between advisor self-reported training needs and the final stage of group development was tested using a series of one by five analysis of variance (ANOVA) computations. Stages of self-advocacy group development was an open ended question asked during the interview process, with final stage of group development being coded during post hoc coding. The five level of this independent variable were 1) learning, 2) skills building, 3) active, 4) rebuilding, and 5) independence. The sample size for this analysis was 79.

The results of the univariate ANOVAs for the relationship between advisor self reported training needs and final stage of self-advocacy group development indicate that there was no significant difference found between the two variables. In this research, final stage of self-advocacy group development did not impact the training needs of advisors.

Discussion

The respondents did not indicate that they had very critical training needs. Perhaps because respondents knew the likelihood of receiving the training or being allowed the time for the training was very low. Additionally, perhaps respondents most often received training in the areas in which they were employed, not in other areas, and therefore felt "well enough" trained in their service delivery niche. Further, a lack of critical training needs reported in the area of self-advocacy may have occurred because advisors did not have reason to believe there would be any employer effort or funds dedicated to self-advocacy training efforts.

While pre-service and in-service trainers recognize the use of computer technology for developing training opportunities, it remains a fairly inaccessible and unused format among advisors. The most preferred training formats for advisors included formats that either do not require the individual to leave their workplace (e.g., on the job training, role playing, video tape training), or are traditionally accepted types of training formats (e.g., conferences, workshops, site visit, internship). Unfortunately, computer based training, and CD ROM training finished in the lower half of the list. Cutting edge technologies are not readily available or used by the respondents in this research project.

Anecdotally, many advisors mentioned that any training format that was interactive was preferred. This is supported by the data in this research project, as the least interactive training formats (e.g., self-study course, classroom training, reading books and articles, and lecture) all finished in the bottom half of the list of preferred training formats.

When advisors were asked how often they received formal training on self-advocacy topics, one fifth of the respondents reported having never received formal training on self-advocacy issues or topics. This indicates that a rather substantial group of advisors are not

making use of self-advocacy presentations at self advocacy, advocacy, and professional conferences, most likely, because they and/or their agency cannot afford to send them to such training opportunities. Also, it may indicate that while individuals are employed in jobs that include the duties of advisor, employing agencies do not see any importance or benefit to emphasizing self-advocacy training (i.e., being the self advocacy-group advisor is viewed as the least essential job duty, and therefor, the least job training is provided for it). Finally, this indicates a lack of formal training opportunities in the area of self-advocacy. Instead individuals opt for no training or to pursue informal training opportunities (e.g., reading People First literature, talking to other advisors).

This study found that younger advisors, those 30 and under, have a greater need for information and training in the broad areas of self-advocacy group development, current disability issues, changing technologies (e.g., Medicaid reform, the move toward managed care, assistive technology innovations), federal legislation, and human rights issues than do their older counterparts. The younger advisors have more questions about supporting a self-advocacy group and are often not comfortable with the skills and knowledge they have to fulfill their advisor role. This is not surprising given that advisors have little preparation for fulfilling the duties of an advisor (Cone, 1999).

Recommendations

The data and anecdotal information in this study indicate that because of time, financial, and interest issues training opportunities for advisors need to be time sensitive, inexpensive, and interactive. Training development should focus on formats such as on-the-job-training, site visits, conference/workshops, role playing, video packages, and internships. This is especially true of advisors who are paid by service provider agencies, because the data in this study have

shown that the employing agency is not inclined to participate in training opportunities that are time consuming and expensive. Further, because of the ever evolving nature of the advisor's training needs, training opportunities for advisors need to be also flexible in content and focus.

Organizations supplying training opportunities need to develop curricula with input from a diverse group of people. Individuals from different ethnic, cultural, religious, and disability backgrounds must be sought as trainers, and as participants in training. This outreach is necessary in order to ultimately supply self-advocacy groups with new perspectives and experience by enriching training and technical assistance opportunities with diverse input and feedback.

In general, the frequency of training devoted to self-advocacy needs to increase, but especially in situations where the job of advisor is just one of many of the persons job duties. In this type of situation, employers (who are usually direct service providers) need to develop a training plan for the employee which includes receiving training on self-advocacy, as well as training on the other areas of the person's job.

Training efforts need to focus not only on new advisors, but on young advisors, even if a relatively young advisor has been advising for a year or more. The young and the new advisors have concerns about their knowledge base and skills to perform their advisor duties. Do not assume that greater length of time as an advisor equates with higher comfort levels with regard to job performance. Age really seems to be the predictor, not length of time as advisor.

Pre-service and in-service training with a focus on self advocacy should include, at a minimum, the history of self advocacy both internationally and in the United States, the philosophy, values, and goals of the self advocacy movement, how to help form a self advocacy group and how to support it during the critical initial stages of development, developing

leadership skills, and the duties and expectations of people who agree to be self-advocacy group support people. The key is to collaborate with local self advocacy groups in designing the content of this curriculum or training, and in the presentation of the material.

In order to insure the autonomy of self-advocacy groups when they are sponsored by service providers, members of the group have to play a primary role in training their advisor. The group members must help develop and direct the training the new advisor will go through in order to be ready to properly support the self advocacy group.

If the recruitment of advisors were to be "privatized"(i.e., individuals recruited and hired from outside the disability field), then individuals would be coming into the position of advisor with little to no knowledge of disability, service provision, or even the self advocacy movement. They will need training about the self-advocacy movement and about self-advocacy groups. Therefore, introductory self-advocacy training would be necessary, and that presents an intriguing opportunity for agencies like governor's planning councils on developmental disabilities and university affiliated projects to provide funding or to collaborate with self advocacy groups to train new and current advisors to self advocacy groups. With funding, self-advocacy groups could develop training opportunities and training curricula for advisors. This would be a chance for self-advocacy groups to build capacity and create a cadre of trained individuals from which to draw support.

The results of this study raise interesting questions that warrant future investigation. First, it has to be clear that this research represents only one piece of the puzzle for fully understanding advisors and self-advocacy groups. To truly understand the advisor component of the self-advocacy movement both leaders (e.g., officers), and members of self-advocacy groups would need to be interviewed, and data representing their perspectives collected. Second, future

research should also expand the type of sample sought. In other words, interviewing leaders, members, and advisors to self advocacy groups made up of members with primary disabilities which included physical disabilities, mental health issues, and other disability categories would provide a greater understanding of advisors and self advocacy groups. Third, future research must focus on providing advisors the training they require and in the formats they have indicated would be useful, and then evaluating that training. Forth, the absence of significant relationships between gender and educational level and self reported training needs should not negate further investigation in these areas, and other areas such as the relationships between advisor role and activities and training needs.

Reference List

Beckwith, R. (1994). Wanted: Empowerment fanatics. Impact, 7(1), 11.

Beckwith, R. (1996). The bruises are on the outside: An advisors perspective. In G. Dybwad, & H. Bersani, Jr. (Eds.), New voices self-advocacy by people with disabilities (pp. 240-242). Cambridge, MA: Brookline Books.

Browning, P., Thorin, E., Rhoades, C. (1984). A national profile of self-help/self-advocacy groups of people with mental retardation. Mental Retardation, 2(5), 226-230.

Brunk, G. (1987). The power of self-advocacy. TASH Newsletter 13,(8), 2.

Brunk, G. (1991). Supporting the growth of the self-advocacy movement: What we can learn from its history and activists. Lawrence, KA: Beach Center on Families and Disability.

Cone, A. A. (1994). Reflections on self advocacy: Voices for choices. Mental Retardation, 32(6), 444-446.

Cone, A. A. (1997). The beat goes on: Lessons learned from the rhythms of the self advocacy movement. Mental Retardation, 35(2).

Cone, A. A. (1999). Profile of advisors to self advocacy groups for people with mental retardation in the United States. Mental Retardation, 37(4),308-318.

Curtis, C. K. (1984). The changing role of the people first advisor. American Rehabilitation, Apr-May-Jun, 6-9.

Hanna, J. (1978). Advisor's role in self advocacy groups. American Rehabilitation, 4(2), 31-32.

Hayden, M., & Shoultz, B. (1990). Effective self-advocacy empowering people with disabilities to speak for themselves. Minneapolis, MN: Research and Training Center on Community Living.

Hayden, M., & Shoultz, B. (1991). Self-advocacy by persons with disabilities ideas for a national organization. Minneapolis, MN: Research and Training Center on Community Living.

Kennedy, M. (1995). Advisors, from the self advocates. In People First of Washington (Ed.), The self advocacy advisor: Help wanted (p. 3-4). Clarkston, WA: People First of Washington.

Longhurst, N. (1994). The self-advocacy movement by people with developmental disabilities: A demographic study and directory of self-advocacy groups in the united states. Washington, DC: American Association on Mental Retardation.

McMillan, J. H. (1996). Educational research (2nd ed.). New York, NY: Harper Collins College.

McMillan, J. H., & Schumacker, S. (1993). Research in education a conceptual framework (3rd ed.). New York, NY: Harper Collins College.

Miller, A. B., & Keyes, C. B. (1996). Awareness, action, and collaboration: How the self-advocacy movement is empowering for persons with developmental disabilities. Mental Retardation, 34(5), 312-319.

Moore, D. S. (1985). Statistics concepts and controversies. New York, NY: W. H. Freeman and Company.

Norsman, A. (1984). Facilitating self and team advocacy: The role of the resource person. Madison, WI: Intercosta.

People First of Nebraska. (1993). Speaking up for yourself and others: Some ideas for successful self-advocacy. Lincoln, NE: Author.

People First of Washington. (1995-a). Making a contract with your advisor. Tacoma, WA: Author.

People First of Washington. (1995-b). Advisor job description. Tacoma, WA: Author.

People First of Washington. (1995-c). What advisors need. Tacoma, WA: Author.

People First of Washington, & Self-Advocacy Project-University of Oregon. (1985). Speaking up and speaking out an international self-advocacy movement. Eugene: University of Oregon.

Reusche, L. A. (1997). People first chapter handbook. Loves Park, IL: People First of Illinois.

Rhoades, C. M. (1986a). Self-advocacy. In J. Wortis (Ed.), Mental retardation and developmental disabilities: Vol. XIV (pp. 69-90). New York, NY: Elsevier Science Publishing.

Rhoades, C. M. (1986b). Different organizational models for self-help advocacy groups that serve people with developmental disabilities. Journal of Rehabilitation, Oct/Nov/Dec, 43-47.

Rhoades, C. M., Browning, P. L., & Thorin, E. J. (1986). Self-help advocacy movement: A promising peer-support system for people with mental disabilities. Rehabilitation Literature, 47(1-2), 2-7.

Shoultz, B. (1996). More thoughts on self-advocacy: The movement, the group, and the individual. TASH Newsletter, 22(10/11), 22-25.

Shoultz, B., & Ward, N. (1996). Self-advocates becoming empowered the birth of a national organization in the U.S. In G. Dybwad, & H. Bersini, Jr. (Eds.), New voices self-advocacy by people with disabilities (pp. 216-234). Cambridge, MA: Brookline Books.

Speaking for Ourselves. (1993). Spreading the word. Plymouth Meeting, PA: Author.

Ward, N., & Keith, K. (1996). Self advocacy: Foundation for quality of life. In R. L. Schalock, & G. N. Siperstein, (Eds.), Quality of life volume I: Conceptualization and measurement (pp. 5-10). Washington, D.C.: American Association on Mental Retardation.

Williams, P., & Shoultz, B. (1982). We can speak for ourselves. Bloomington: Indiana University Press.

Woodyard, J. J. (1980). An advisor's guidebook for self-advocacy. Lawrence, KS: Technical Assistance for Self-Advocacy Project, UAF, University of Kansas.

Worrell, B. (1988-a). People first advice for advisors. Ontario, Canada: National People First Project.

Worrell, B. (1988-b). People first leadership training manual. Ontario, Canada: National People First Project.

Table 2
Most Critical Self Reported Training Needs

Training Topic	Mean	SD
Strategies for developing leadership skills	3.67	1.30
Use of the media and public relations	3.31	1.22
Medicaid and Medicaid reform	3.31	1.23
Human rights	3.29	1.62
Judicial/criminal justice system, legal rights	3.28	1.31
Finding and writing grants	3.28	1.68
Problem solving techniques and strategies	3.24	1.50
Managed care	3.24	1.39
Welfare and welfare reform	3.19	1.29
Assistive technology issues	3.14	1.44
Developing listening skills	3.06	1.56
Vocational Rehabilitation Act	3.03	1.39
Americans with Disabilities Act	2.98	1.43
Individuals with Disabilities Act	2.96	1.49
Guardianship issues	2.92	1.66
Social Security Income	2.91	1.35
Understanding group process and facilitation	2.90	1.59
Political process	2.87	1.33
Sex education/sexuality	2.82	1.50
How to use the Internet	2.81	1.81
Home ownership	2.79	1.59
Basic information on self-advocacy	2.76	1.68
Person centered planning techniques	2.76	1.57
Service provider monitoring and evaluation	2.70	1.62
Fundraising	2.70	1.71
Direct action/non-violent protest	2.64	1.39
How to recruit members	2.56	1.36
Supported employment	2.53	1.55
Public speaking	2.47	1.55
Integrated leisure and recreation	2.36	1.55
Developing a budget	2.13	1.50
Independent living	2.08	1.42
Parliamentary procedure	2.06	1.49

Note: N = 90, Range = 0 to 5

Table 3
Learning About Self-Advocacy

Activity	n	%
Reading self -advocacy publications/attending SA group conferences/ workshops	75	83.3
Reading advocacy publications/attending advocacy group conferences/workshops	74	82.2
Reading professional publications/attending professional group conferences	61	67.8
Technical assistance from a university	35	38.9
Talking to advisors, self-advocates, and people with disabilities	13	14.4
Assisting self-advocacy groups (local, state, or national level)	4	4.4
Personal values and ethics	3	3.3
Mentored	2	2.2

Table 4
Areas in Which Training Has Previously Been Received

Area of Training	n	%
Service programs and options (e.g., supported employment, vocational rehabilitation, leisure and recreation, independent and supported living)	62	80.5
Federal and state legislation, legislative process and programs (e.g., the ADA, the IDEA, the Vocational Rehabilitation Act, SSI/SSDI, HCB Waiver)	48	62.3
Types of disability (e.g., mental retardation, learning disability, autism, cerebral palsy, Down syndrome)	14	18.2
Social movements (e.g., human rights, disability rights, self -advocacy)	14	18.2
Person centered planning (e.g., community building and organizing, circles of support, circles of friends)	13	16.9
Behavior management (e.g., counseling, psychology)	11	14.3
Education (e.g., gentle teaching, special education, transition, inclusion)	8	10.4
Group development (e.g., group process, group dynamics, interpersonal communication)	8	10.4
Sexuality (e.g., sex education, human relationships, friendships)	5	6.5
Judicial system (e.g., legal issues, criminal justice system)	3	3.9

Table 5
Preferred Training Formats

Format	n	%
On the job training	85	94.4
Site visit	83	92.2
conference presentations	79	87.8
Workshops	78	86.7
Role playing	77	85.6
Video tape training package	66	73.3
Internship	53	58.9
Video teleconference	52	57.8
Computer -based training	39	43.3
Self-study course	38	42.2
CD ROM training package	26	28.9
Institutes	18	20.0
Mentoring	4	4.4
Classroom training	2	2.2
Reading books and articles	2	2.2
Lecture	1	1.1

Table 6
Number of training Hours

Range	n	%
Self-Advocacy Training		
0 to 10 hours per year	58	64.4
11 to 20 hours per year	14	15.6
21 to 30 hours per year	8	8.9
31 to 40 hour per year	1	1.1
41 to 50 hours per year	2	2.2
Over 51 hours per year	7	7.8
Disability Issues Training		
0 to 10 hours per year	35	38.9
11 to 20 hours per year	13	14.4
21 to 30 hours per year	14	15.6
31 to 40 hour per year	11	12.2
41 to 50 hours per year	4	4.4
Over 51 hours per year	13	14.4

Table 7
Advisor Training Needs Changing Over Time

Description	n	%
Training focuses on individual members and their issues, to a focus on the group getting information on new innovations and technology.	19	43.2
Training focuses on learning about self-advocacy, to training which is issues and systems change oriented (e.g., training on politically hot issues).	12	27.3
Training focuses on group facilitation, group dynamics, group organization, to training on self advocacy, to training which is issues and systems change oriented.	9	20.5
Few training needs to increased training needs.	7	15.9
Other (e.g., training is based on issues brought up by the group, training is based on being aware of issues and bringing the information back to the group)	7	15.9

Table 8
Summary Table of ANOVA: Advisor Age and Self Reported Training Needs Index - Group Development Issues

Source of Variance	df	Sum of Squares	Mean Square	F Value	p
Age Level	3	573.550	191.183	3.55	.018
Error	86	4634.949	53.895		

Table 9

Summary Table of ANOVA: Advisor Age and Self Reported Training Needs Index - Current Topical Issues

Source of Variance	df	Sum of Squares	Mean Square	F Value	p
Age Level	3	765.544	255.181	3455	.020
Error	86	6360.111	73.955		